

OFFICE USE ONLY	
RECEIPT # _____	
Amount Paid _____	
Date Paid _____	
Received By _____	
Late Fee _____	Fam. Discount _____

Please be accurate and complete filling out this form. Failure to do so may cause serious inconvenience or injury.

Player's Name _____ ' Male ' Female
(First name) (Last name) (Middle Initial)

Address _____ City _____, Utah. Zip _____

Birth Date _____ Age on birthday in 2004 _____ School Attending _____

Elementary school area player resides in: _____

Father or Guardian Phone (H) (W) (C)_____

Mother or Guardian _____ Phone (H) _____ (W) _____ (C) _____

Player would like to be on same team as: _____

Player's years of organized experience _____

Coach of pre-formed teams of 6-12 players must complete approval form prior to registration to be placed in proper division.

Players wishing to play together must register together, otherwise requests will be considered but not guaranteed!

Standard shirt sizing will be ordered for each age group. No refund after 1st game. \$10.00 is non-refundable.

<u>Ages (4-5)</u> <u>Cost</u> <i>(As of Jan 1, 2005)</i> \$36.00		<u>Ages</u> <u>Cost</u> <i>(As of Jan 1, 2005)</i>	
<u>COED T-BALL</u>		<u>BOYS BASEBALL</u>	
_____ Monday	Sandy Elementary	_____ 8 & Under	7-8 \$40.00
_____ Tuesday	Sandy Elementary	_____ 10 & Under	9-10 \$45.00
_____ Wednesday	Sandy Elementary	_____ 12 & Under	11-12 \$50.00
_____ Thursday	Sandy Elementary	_____ 14 & Under	13-14 \$55.00
<u>Ages (6-7)</u> <u>Cost</u> <i>(As of Jan 1, 2005)</i> \$36.00		<u>Ages</u> <u>Cost</u> <i>(As of Jan 1, 2005)</i>	
<u>COED COACH PITCH</u>		<u>GIRLS FASTPITCH SOFTBALL</u>	
_____ Monday	Highpoint Park	_____ Minis	7-8 \$39.00
_____ Tuesday	Eastridge Park	_____ Midgets	9-10 \$39.00
_____ Wednesday	Highpoint Park	_____ Minors	11-12 \$44.00
_____ Thursday	Eastridge Park	_____ Majors	13-14 \$44.00
		_____ Juniors/Seniors	15-18 \$44.00

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2005, and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach or player at any time.

1. **Goals.** I understand that the goals and objectives of the program are based upon fun, fair play, skill development, good sportsmanship and teamwork, and hereby support those goals.

Make a successful program by volunteering for: (please check)

Coach: _____ Assistant Coach: _____ Team Parent: _____
(Name) (Name) (Name)

Email address (Coach and Assistant Coach only) _____ (Please print)

Parent/Guardian Signature _____ Date _____

PLEASE READ AND SIGN THE CONSENT FORM ON BELOW

Sandy City 2005 Spring Sports
Girls Softball or Boys Baseball or Co-ed T-Ball/Coach Pitch
INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/ activity checked and described below:

- | | | |
|----------------------|---------------------------------|---------------------------------------|
| " GIRLS SOFTBALL | Ages 7-18 as of January 1, 2005 | Runs approximately March 22 - June 11 |
| " BOYS BASEBALL | Ages 7-14 as of January 1, 2005 | Runs approximately March 22 - June 11 |
| " T-BALL/COACH PITCH | Ages 4-6 as of January 1, 2005 | Runs approximately March 22 - June 11 |

Program / Activity Description: All of these programs utilize both Sandy City and Jordan School District fields. Games are played on weeknights. Participation in these programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary on this activity and may include: hit by a bat, hit by a thrown or batted ball, sliding, collision with players or fences and (1) minor injuries such as a sunburn, windburn, scratches, bruises, blisters, rashes, head lice, strains and sprains; (2) major injuries, such as eye injury or loss of sight or hearing, joint or back injuries, concussions, animal, insect or snake bites, broken bones, sunstroke, heat exhaustion, frostbite, hypothermia, lightening strike, illness from disease such as Rocky Mtn. Spotted fever, Lyme disease, and parasites, such as guardian and hepatitis; to (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games are the responsibility of the parent or guardian.

I recognize that the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

Insurance: I understand that in order for my child to participate in the program /activity described above, I am **required** to have health insurance to cover injuries to my minor child arising from his or her participation in the above-referenced program/activity and that Sandy City does not carry medical or accident coverage for this purpose. I hereby represent that my child is and will be covered by the following health insurance:

Health Insurance Carrier: _____ Policy / Id. No.: _____
(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

Restrictions on Child's participation (medical etc.) _____

Emergency Medical Care Authorization: In the event my minor child is injured while participating in the program/ activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

I have carefully read and understand the contents of this document and I specifically intend it to cover my child 's participation in the above-referenced program/activity.

Name of Child _____ Age: _____

Dated this _____ day of _____, 2005

Name of Parent
or Legal Guardian: _____ Signature _____
(Please print)

Parent Address: _____ City _____ UTAH, Zip _____

Home Phone : _____ Work Phone: _____ Cell Phone: _____

Person to Contact in case of emergency: _____ Phone No: _____
(Please Print) Phone No: _____

~Please fill out & sign the registration form above~